

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS.
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

80 County Greene Registration District No. 668
 4 Township Primary Registration District No. 3032
 8 City Sedalia (No. 800, W 4) St. Ward

File No. 17403
 Registered No. 128

2. FULL NAME

Edward W Shultz
 (a) Residence, No. 800 W 4 St., Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Love Shultz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 14 1856
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 7 27

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.C.

13. NAME about know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

15. MAIDEN NAME "

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT (ADDRESS) Mrs E W Shultz Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 5/12 19. 33

19. UNDERTAKER (ADDRESS) Highesper Funeral Home Sedalia Mo

20. FILED 5-12 19. 33 J. S. Love Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11 19. 33

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 19. 32 to May 11 19. 33
 I last saw him alive on May 11 19. 33 Death is said to have occurred on the date stated above, at Sedalia Mo
 The principal cause of death and related causes of importance were as follows:

apoplexy
12 A
J. S. Love
 Other contributory causes of importance: "
 Date of onset 1st Dec 15 1932
Second May 7 1933

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify "
 (Signed) Frank R. Morley M. D.
 (Address) Sedalia Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. JUN 23 1933

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